

Family PACT: Clinical Services Benefits Grid

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The Family PACT Program *Clinical Services Benefits Grid* is an exhibit that presents the benefits package codes for procedures, medications and contraceptive supplies in a grid format.

Primary Diagnosis: Family Planning Methods

Core Services						Complications Services (11)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S101	Oral contraception – Evaluation PRIOR to method with or without initiation of method	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> 80076 LFTs 80061 Lipid profile (1) 81025 Urine pregnancy test 82465 Cholesterol 82947 Glucose 	None	X7706 OCs	S103	Vaso-vagal episode
S102	Oral contraception – Maintain adherence and surveillance	Z5220 Collection and handling of blood specimen (when other services rendered)	<ul style="list-style-type: none"> 82951 2hr GTT (2) 83001 FSH (3) 83002 LH (3) 84146 Prolactin 88150, 88141 Pap (4) 88142 – 45 Pap 88147 – 48 Pap 88152 – 54 Pap 88164 – 67 Pap (4) 87620 Pap (15) 87621 Pap (15) 87622 Pap (15) 		X7720 Levonorgestrel/ Ethinyl Estradiol and urine pregnancy test Z7610 Ethinyl Estradiol, CEE X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom	S1031	Deep vein thrombosis
S201	Contraceptive injection – Evaluation prior to method with or without initiation of method	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> 80076 LFTs 81025 Urine pregnancy test 82947 Glucose 82951 2hr GTT (2) 83001 FSH (3) 83002 LH (3) 84146 Prolactin 88150, 88141 Pap (4) 88142 – 45 Pap 88147 – 48 Pap 88152 – 54 Pap 88164 – 67 Pap (4) 87620 Pap (15) 87621 Pap (15) 87622 Pap (15) 	None	X6051 DMPA	S203	Vaso-vagal episode
S202	Contraceptive injection – Maintain adherence and surveillance	Z5220 Collection and handling of blood specimen (when other services rendered)	<ul style="list-style-type: none"> 80076 LFTs 81025 Urine pregnancy test 82947 Glucose 82951 2hr GTT (2) 83001 FSH (3) 83002 LH (3) 84146 Prolactin 88150, 88141 Pap (4) 88142 – 45 Pap 88147 – 48 Pap 88152 – 54 Pap 88164 – 67 Pap (4) 87620 Pap (15) 87621 Pap (15) 87622 Pap (15) 		X7720 Levonorgestrel/ Ethinyl Estradiol and urine pregnancy test X7722 Levonorgestrel Z7610 Ethinyl Estradiol, CEE X1500 Spermicide, lubricant, M/F condom	S2031	Heavy vaginal bleeding

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a concurrent or secondary diagnosis code for reimbursement:

87270	Chlamydia DFA	87590	GC DNA probe	81000	Urinalysis (dipstick with micro)
87320	Chlamydia EIA	87081	GC culture	81001	Urinalysis (automated with micro)
87490	Chlamydia DNA probe	87340	Hepatitis B surface antigen (HBsAg)	81002	Urinalysis (non-automated without micro)
87491	Chlamydia with amplification	86704	Hepatitis B core antibody (HBcAb)	81003	Urinalysis (automated without micro)
87110	Chlamydia culture	86689	HIV confirmation	81015	Urine microscopy
86592	VDRL, RPR	86701	HIV-I		
87285	Treponema DFA	86702	HIV-II		
87591	GC DNA with amplification	86703	HIV-I and HIV-II single assay		

(1) Only if elevated screening cholesterol or multiple significant risk factors for cardiovascular disease.

(2) Only if history of abnormal fasting blood sugar screen (115 mg/dl or greater).

(3) Only as needed for confirmation of menopausal status in women 40 years of age or older.

(4) Pap smear, by Bethesda Interim Guidelines.

(11) Complications services (any Sxx.3 diagnosis code) requires a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(15) By Report: Pap smear cytology report indicating presence of ASCUS or LSIL must be attached to the claim.

Core Services						Complications Services (11)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S301	Contraceptive implant – Evaluation PRIOR to method with or without initiation of method	11975 Insertion 11976 Removal 11977 Removal and insertion	<ul style="list-style-type: none"> 80076 LFTs 81025 Urine pregnancy test 82947 Glucose 82951 2hr GTT (2) 83001 FSH (3) 83002 LH (3) 84146 Prolactin 88150, 88141 Pap (4) 88142 – 45 Pap 88147 – 48 Pap 88152 – 54 Pap 88164 – 67 Pap (4) 87620 Pap (15) 87621 Pap (15) 87622 Pap (15) 	11976ZM Removal supplies	X1520 Norplant X7720 Levonorgestrel/ Ethinyl Estradiol and urine pregnancy test X7722 Levonorgestrel Z7610 Ethinyl Estradiol, CEE X1500 Spermicide, lubricant, M/F condom	S303	Vaso-vagal episode Allergic reaction to treatment for a secondary or concurrent diagnosis
S302	Contraceptive implant – Maintain adherence and surveillance (including removal and reinsertion)	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)				S3031 S3032 S3033 S3034 S3035	Missing or deep capsule Insertion/removal site infection Insertion/removal site hematoma Capsule expulsion Heavy vaginal bleeding
S401	IUD – Evaluation PRIOR to method with or without initiation of method	58300 Insertion 58301 Removal	<ul style="list-style-type: none"> 81025 Urine pregnancy test 85013, 85014 Hematocrit 85018 Hemoglobin 88150, 88141 Pap (4) 88142 – 45 Pap 88147 – 48 Pap 88152 – 54 Pap 88164 – 67 Pap (4) 87620 Pap (15) 87621 Pap (15) 87622 Pap (15) 	58300ZM Insertion supplies 58301ZM Removal supplies	X1512 IUD, other X1514 Progestasert X1522 ParaGard X7720 Levonorgestrel/ Ethinyl Estradiol and urine pregnancy test X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom	S403	Vaso-vagal episode Allergic reaction to treatment for a secondary or concurrent diagnosis
S402	IUD – Maintain adherence and surveillance	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)				S4031 S4032 S4033	Pelvic infection (secondary to IUD) “Missing” IUD Perforated or translocated IUD

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87320	Chlamydia EIA	87081	GC culture	81001	Urinalysis (automated with micro)
87490	Chlamydia DNA probe	87340	Hepatitis B surface antigen (HBsAg)	81002	Urinalysis (non-automated without micro)
87491	Chlamydia with amplification	86704	Hepatitis B core antibody (HBcAb)	81003	Urinalysis (automated without micro)
87110	Chlamydia culture	86689	HIV confirmation	81015	Urine microscopy
86592	VDRL, RPR	86701	HIV-I		
87285	Treponema DFA	86702	HIV-II		
87591	GC DNA with amplification	86703	HIV-I and HIV-II single assay		

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(2) Only if history of abnormal fasting blood sugar screen (115 mg/dl or greater).

(3) Only as needed for confirmation of menopausal status in women 40 years of age or older.

(4) Pap smear, by Bethesda Interim Guidelines.

(11) Complications services (any Sxx.3 diagnosis code) requires a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(15) By Report: Pap smear cytology report indicating presence of ASCUS or LSIL must be attached to the claim.

Core Services						Complications Services (11)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S501	Barriers and spermicide – Evaluation PRIOR to method with or without initiation of method Note: Includes fertility awareness methods and lactation amenorrhea method	57170 Diaphragm/ cervical cap fitting Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	<ul style="list-style-type: none"> 81025 Urine pregnancy test 88150, 88141 Pap (4) 88142 – 45 Pap 88147 – 48 Pap 88152 – 54 Pap 88164 – 67 Pap (4) 87620 Pap (15) 87621 Pap (15) 87622 Pap (15) 	FAM supplies	X1500 Diaphragm, cervical cap, spermicide, lubricant, M/F condom X7720 Levonorgestrel/ Ethinyl Estradiol and urine pregnancy test X7722 Levonorgestrel	S503	Vaso-vagal episode Allergic reaction to treatment for a secondary or concurrent diagnosis
S502	Barriers and spermicide – Maintain adherence and surveillance					S5031	Severe skin/tissue reaction
S601	Pregnancy testing Note: Should be used only when the patient is not seeking a contraceptive method		<ul style="list-style-type: none"> 81025 Urine pregnancy test Note: No additional laboratory tests are available with this core code				
S602	Confirmation of pregnancy test result	Note: If result is negative and client chooses family planning method, use a method-specific diagnosis.					

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Core Services						Complications Services (11)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S701	Bilateral tubal ligation – Screening and Evaluation	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> 80076 LFTs 81025 Urine pregnancy test 83001 FSH (3) 83002 LH (3) 85013, 85014 Hematocrit 85018 Hemoglobin 88150, 88141 Pap (4) 88142 – 45 Pap 88147 – 48 Pap 88152 – 54 Pap 88164 – 67 Pap (4) 87620 Pap (15) 87621 Pap (15) 87622 Pap (15) 88302 Surgical path., (two specimens) 	58671 ZM/ZN Lap-scope supplies	X1500 Spermicide, lubricant, M/F condom X7720 Levonorgestrel/ Ethinyl Estradiol and urine pregnancy test	S703	Vaso-vagal episode Allergic reaction to treatment for a secondary or concurrent diagnosis
S702	Surgical procedure	Z5220 Collection and handling of blood specimen (when other services rendered)		58600 ZM/ ZN Ligation		S7031	Anesthesia Complication: hospitalization
		58615 Occlusion of fallopian tubes		58615 ZM/ ZN Occlusion supplies	X7722 Levonorgestrel	S7032	Abdominal injury; L/S or lap (within 30 days post op)
		58600 Mini lap				S7033	Operative site or pelvic infection (within 30 days post op)
		58670 Lapscope fulguration		58670 ZM/ZN Surgical fulguration		S7034	Preop evaluation (TAR prospective)
S801	Vasectomy – Screening and evaluation	Z9780 Vasectomy	<ul style="list-style-type: none"> 85013, 85014 Hematocrit 	Z9780ZM Supplies	X1500 Spermicide, lubricant, M/F condom	S803	Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis
S802	Surgical procedure	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> 85018 Hemoglobin 89300 Semen analysis 88302 Surgical path (two specimens) 			S8031	Testicular, spermatic cord hematoma, or hemorrhage (within 30 days post op)
		Z5220 Collection and handling of blood specimen (when other services rendered)				S8032	Operative site acute infection (within 30 days post-op)
						S8033	Post-op testicular pain (within 30 days post-op)

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(4) Pap smear, by Bethesda Interim Guidelines.

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(15) By Report: Pap smear cytology report indicating presence of ASCUS or LSIL must be attached to the claim.

Core Services						Complications Services (11)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Codes	Description
S901	Fertility evaluation: Initiation of fertility awareness methods (FAM)	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> • 81025 Urine pregnancy test • 83001 FSH • 83002 LH • 84144 Progesterone • 84146 Prolactin • 84443 TSH • 85007, 85008, 85021 – 25, 85027, 85031, CBC • 85651, 85652 ESR • 88150, 88141 Pap (4) • 88142 – 45 Pap • 88147 – 48 Pap • 88152 – 54 Pap • 88164 – 67 Pap (4) • 87620 Pap (15) • 87621 Pap (15) • 87622 Pap (15) • 89320 Comp semen analysis • 89330 Cervical mucous 	FAM supplies	X1500 BBT	S903	Vaso-vagal episode
S9011	Female	Z5220 Collection and handling of blood specimen (when other services rendered)					Allergic reaction to treatment for a secondary or concurrent diagnosis
S9012	Male						
S9013	Couple						
S902	Infertility management						

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87320	Chlamydia EIA	87081	GC culture	81001	Urinalysis (automated with micro)
87490	Chlamydia DNA probe	87340	Hepatitis B surface antigen (HBsAg)	81002	Urinalysis (non-automated without micro)
87491	Chlamydia with amplification	86704	Hepatitis B core antibody (HBcAb)		
87110	Chlamydia culture	86689	HIV confirmation	81003	Urinalysis (automated without micro)
86592	VDRL, RPR	86701	HIV-I		
87285	Treponema DFA	86702	HIV-II	81015	Urine microscopy
87591	GC DNA with amplification	86703	HIV-I and HIV-II single assay		

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(3) Only as needed for confirmation of menopausal status in women 40 years of age or older.
(4) Pap smear, by Bethesda Interim Guidelines.
(11) Complications services (any Sxx.3 diagnosis code) requires a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.
(15) By Report: Pap smear cytology report indicating presence of ASCUS or LSIL must be attached to the claim.

**Secondary Diagnosis:
Sexually Transmitted
Infection (STI)**

A secondary diagnosis for STI is required for treatment or diagnostic testing other than the previously listed screening tests.

Core Secondary Services						Complications Services (12)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications (5)	Description
ICD-9-CM 098.0 – 098.89	Gonorrhea (6)	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	87205 Gram stain GC screening tests included in primary diagnosis	None	Cefixime Ciprofloxacin Ofloxacin Ceftriaxone Diphenhydramine	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
ICD-9-CM 099.4 – 099.59	Chlamydia (6)	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	87205 Gram stain Chlamydia screening tests included in Primary Diagnosis	None	Azithromycin tabs/caps packets Doxycycline tabs/caps Diphenhydramine	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
ICD-9-CM 614.0 – 614.9	PID (uncomplicated outpatient only) (6)	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	85007, 85008, 85021 – 25, 85027, 85031 CBC 85651 ESR 85652 ESR 87205 Gram stain PID screening tests included in Primary Diagnosis	None	Ceftriaxone injection & Doxycycline Cefoxitin injection & Probenecid w/ Doxycycline Ofloxacin & Metronidazole Ofloxacin & Clindamycin Diphenhydramine	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
ICD-9-CM 112.1, 131.00 – 131.09, 616.0 – 616.9	Vaginitis/vaginal discharge (6)	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	83986 pH 87205 Gram stain 87210 Wet mount	None	Metronidazole tabs Metronidazole gel Clindamycin cream Butoconazole Clotrimazole Miconazole Terconazole Fluconazole Diphenhydramine	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode

(5) When applicable, only those dosage regimens included in current CDC STD Treatment Guidelines may be used.

(6) Secondary diagnosis required for any treatment or diagnostic testing beyond screening.

(12) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR.

Core Secondary Services						Complications Services (12)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications (5)	Description
ICD-9-CM 091.0 – 097.9	Syphilis (6)	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	86593 Quantitative 86781 FTA confirm. 87164, 87166 Dark field Syphilis screening tests included in primary diagnosis	None	Benzathine PCN injection Doxycycline tabs/caps Diphenhydramine	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
ICD-9-CM 054.10 – 054.19	Genital herpes (6)	None	87207 HSV stain 87252 HSV culture 87274 HSV DFA	None	Acyclovir Valacyclovir Famciclovir	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
ICD-9-CM 078.0 – 078.19	Genital warts (6)	<ul style="list-style-type: none"> • 56501 Destruction vulvar lesion • 57061 Destruction vaginal lesion • 57500 Excisional biopsy (10) • 54050 Destruction of penile lesion • 54056 Destruction of penile lesion • 54100 Biopsy of penis (10) 	88304 Surgical path for females 88304 Surgical path for males	<ul style="list-style-type: none"> • 56501ZM Vulvar supplies • 57061ZM Vaginal supplies • 57500ZM Biopsy supplies • 54050ZM Penile supplies • 54056ZM Penile supplies • 54100ZM Biopsy supplies 	TCA/BCA application Liquid N ₂ application Podophyllum application Podofilox Imiquimod	Allergic reaction to antibiotics used to treat STI Severe genital skin ulcerations or infections Vaso-vagal episode
Hepatitis B	Hepatitis B screening and/or immunization	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	Hepatitis B screening tests included in primary diagnosis	None	Hepatitis B vaccine (x3) X7913 Admin (VFC) X7914 Admin (VFC)	Allergic reaction to Hepatitis B vaccine Vaso-vagal episode

(5) When applicable, only those dosage regimens included in current CDC STD Treatment Guidelines may be used.

(6) Secondary diagnosis required for any treatment/diagnostic testing beyond screening.

(10) Only to confirm vulvar, vaginal or genital warts in a wart treatment candidate.

(12) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR.

Core Secondary Services						Complications Services (12)
HIV	HIV screening (HIV treatment is not a covered benefit of this program)	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	HIV Screening tests included in primary diagnosis	None	None	Vaso-vagal episode

(5) When applicable, only those dosage regimens included in current CDC STD Treatment Guidelines may be used.

(6) Secondary diagnosis required for any treatment/diagnostic testing beyond screening.

(12) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR.

**Concurrent Diagnosis:
Urinary Tract Infection (UTI)
and Dysplasia
(Females Only)**

A concurrent diagnosis is required for Urinary Tract Infection (UTI) and dysplasia procedures.

Core Concurrent Services						Complications Services (13)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications (5)	Description
ICD-9-CM 099.40 – 099.49, 595.0, 595.2, 595.3, 597.0 – 597.89, 599.0	UTI (8)	None	81005 U/A (qualitative) (14) 87086 U/A culture (14) 87181, 87184, 87186 sensitivity (14) UTI screening tests included in primary diagnosis	None	TMP/SMX Nitrofurantoin Cephalexin Amoxicillin/ Clavulanate (7) Ciprofloxacin (7) Ofloxacin (7) Diphenhydramine	Allergic reaction to antibiotics used to treat UTI Vaso-vagal episode
ICD-9-CM 622.1	Colposcopy (8) Dysplasia	57452 Colpo without biopsy 57454 Colpo with biopsy 57511 Cryotherapy 57460 LEEP (9)	88305 Surgical pathology Screening tests included in primary diagnosis	57452ZM Colpo supplies 57454 Colpo with biopsy 57511ZM Cryo supplies 57460ZM LEEP supplies	None	Pelvic infection resulting from cervical treatment Hemorrhage from cervical biopsy or treatment site requiring surgical repair Vaso-vagal episode

(5) When applicable, only those dosage regimens included in current CDC STD Treatment Guidelines may be used.

(7) Only when first line antibiotics have failed or when culture shows resistance to first line therapies and sensitivity to a second line antibiotic.

(8) Treatment for dysplasia and Urinary Tract Infections (UTIs) must have diagnosis in Remarks area on the claim.

(9) Only for treatment of biopsy-proven CIN or for simultaneous diagnosis and treatment ("see and treat LEEP") for lesions colposcopically judged to be CIN "By Report." Documentation by laboratory report or client's chart required.

(13) Complication services for a concurrent diagnosis require a primary diagnosis (Sxx.3) and a TAR.

(14) Restricted to the concurrent diagnosis of UTIs, females only.